

Name :

Residential Services Quarterly Summary of Progress

I. Training Objectives:

[illegible]

II. Health

Illness/Injuries:

Illness/Injury	Date	Treatment/Actions

Medical appointments:

[illegible]

Medication changes (other than psychotropic medications):

[illegible]

III. Behavior

Does person have a BSP? ☐ Yes ☐ No Date:
written/revised:

Is the BSP restrictive? ☐ Yes ☐ No

Summary of target behaviors:

Status of behaviors: ☐ Increased ☐ Decreased

Comments:

Psychotropic Medications	Change	Date of HRC Approval

IV. Rights

Are person's rights restricted in any way? ☐ Yes
☐ No

Has due process been afforded (Human Rights Review)?

HRC Review of completed on .

Person attended the HRC meeting: ☐ Yes ☐ No

Explain:

V. Community Connections:

(Briefly describe this person's community interaction over the past quarter.)

VI. Support Network :

Summarize status of important relationships with family/friends/staff, etc. Contact/changes, etc.

VII. Significant Changes:

(Note any significant changes or events that have not been listed above i.e. change in job, move, death in family, etc.)

VIII. Person's satisfaction with services:

Name of person completing summary:

Title:

Date: